STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395346	A. BLDG: 00 B. WING:	05/16/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
TOWNE MANOR WEST STATE LICENSE NUMBER: **124302**	**205 EAST JOHNSON HIGHWAY** **NORRISTOWN, PA 19401**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT Based on an Abbreviated Survey in response to a facility reported event completed May 16, 2023 it was determined that Towne Manor West was not in compliance with the following Requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations related to the health portion of the survey process.	F 0000		
F 0689 SS=J		F 0689		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: | (X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0689 SS=J	Continued from page 1 483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by:	F 0689	1: Resident R1 remains in the facility in stable condition. Resident was immediately assessed and noted with blisters to her abdomen. Residents Attending Practitioner was notified, and treatment orders received. Resident was evaluated by the Occupational Therapist on 5/10/2023 and recommended to have a lid placed on the residents' drinking cups. Resident was seen by the Attending Practitioner on 5/12/2023 with no new orders. On 5/16/23 a new treatment order was received for the wound that continues to heal. 2: Full house therapy evaluations completed on 5/20/23, to identify residents with limited on range of motion to the upper extremities who require additional assistance. Care plan and kardex have been updated by DON and ADON by 5/31/23 reflecting residents physical assessment with hot liquid management. Full house education initiated by Staff Development Coordinator on	Completion Date: **06/20/2023** Status: **APPROVED** Date: **06/08/2023**

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F 0689 SS=J	Continued from page 2	F 0689	hot liquid management for residents with limited range of motion to upper extremities with an emphasis on staff assisting residents with preparing hot coffee or tea prior to giving it to the resident Full house audits to identify residents with severe visual impairment initiated to identify residents who require additional assistance with hot liquid management. Care plans and Kardex to be updated by DON or designee. 3: A facility wide education was initiated on 5/11/2023 by the Staff Development Coordinator/Designee including all departments regarding the facilities Hot Liquid Management Policy with an emphasis on placing appropriate lids on hot beverages prior to serving the residents. Staff will be educated before the start of their shift, including agency staff. Dietary staff re-educated by the Staff Development Coordinator regarding the facilities Hot Liquid Management Policy to include action to be taken if the temperatures are above range	

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F 0689 SS=J	Continued from page 3	F 0689	prior to leaving the kitchen. The hot liquid will remain in the kitchen until the temperature is rechecked and the temperature is at or below 165 degrees. The temperatures will be checked by 2 staff members prior to leaving the kitchen. 4: Hot liquid temperature log will be audited by the NHA/Designee daily for 7 days for the first week, then weekly for the first month and monthly for the first 3 months. Audits will be reported at monthly QAPI for further review and recommendation.	

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F 0689 SS=J	Continued from page 4 Based on review of facility policy, review of facility documentation, review of clinical records, and interviews with residents and staff, it was determined that the facility failed to ensure that the resident environment remained free of accident hazards by failing to serve hot beverages with the appropriate lid and failure to monitor the temperature of hot water beverages served to residents. This failure resulted in Immediate Jeopardy situation to Resident R1 who spilled a hot water beverage and sustained an abdominal burn injury, for one of six residents reviewed. (Resident R1) Findings include: Review of undated facility policy "Hot Liquid Management" revealed the intention of the policy was to minimize the risk for resident burns caused by hot liquids. Continued review of facility policy revealed hot beverages should be dispensed into an insulated container and temped to validate hot beverage is not greater than 165 degrees Fahrenheit (F). If beverage is hotter than 165 degrees F, allow	F 0689		

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F 0689 SS=J	Continued from page 5 to cool to 165 degrees F and record temperature on the Food Temperature log. Further review of facility policy revealed the insulated container should be covered with appropriate lid prior to delivery of hot beverage to the resident. Review of Resident R1's quarterly Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated April 12, 2023, revealed the resident was cognitively intact and had impairment in range of motion to upper and lower extremity on one side. The MDS revealed the resident had diagnoses of muscle wasting and atrophy, stiffness of left elbow and left shoulder, and pain in right shoulder. Further, the MDS section G0110 H. Eating - how resident eats and drinks, regardless of skill was coded as Limited assistance - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance with one person physical assist for support. Review of Resident R1's care plan revised April 3,	F 0689		

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F 0689 SS=J	Continued from page 6 2018, revealed the resident had impaired visual function related to traumatic brain injury. Intervention dated June 12, 2016, included to orient resident to her surroundings. Continued review of Resident R1's care plan revised August 2, 2019, revealed the resident had an activities of daily living self-care performance deficit and need for assist with thoroughness related to weakness, hemiplegia (paralysis of one side of the body), and limited range of motion to upper and lower extremity. Further review of Resident R1's care plan dated April 28, 2023, revealed the resident had a contracture to her left upper extremity. Review of Resident R1's clinical record revealed a nursing note dated May 7, 2023, at 12:20 a.m. which indicated licensed nurse, Employee E7, was alerted by the nurse aide earlier in the evening, at 5:30 p.m. that Resident R1 spilled hot water on herself. Licensed nurse, Employee E7, along with	F 0689		

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F 0689 SS=J	Continued from page 7 another nurse, went to check on Resident R1 and observed splashed hot water in the abdominal area. Upon assessment Resident R1 complained of pain and had an affected area of 35 centimeters (cm) in width and 11 cm in length on her abdomen. Subsequently the on-call physician was notified and ordered treatment to the site. Review of Resident R1's physician orders revealed a physician order dated May 6, 2023, at 10:00 p.m. to apply Silvadene External Cream 1% (topical antibiotic cream used to treat burns and prevent infection) every shift for burn. Further review of Resident R1's clinical record revealed a nursing note dated May 7, 2023, at 6:24 a.m. that the topical cream was applied to the resident's upper abdomen. Upon assessment, blisters were noted to the area. Review of Resident R1's skin/wound note dated May 10, 2023, revealed the abdominal wound measured 9.5 cm in length and 27 cm in width. The	F 0689		

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F 0689 SS=J	Continued from page 8 area had 3 moist, scabbed areas and the general area of the wound is reddened and closed skin. Review of facility documentation reported to the Department of Health on May 11, 2023, revealed Resident R1 dropped a cup of hot water on the left side of her abdomen. Upon further investigation, it was determined that nurse aide, Employee E4, got a cup of hot water from the kitchen to provide for Resident R1. It was further identified that the temperature of the beverage may not have been temped. Review of facility documentation revealed a written statement dated May 6, 2023, by nurse aide, Employee E4, that revealed Resident R1 wanted tea but the beverage cart was out of hot water, so the employee went to the kitchen and dietary staff provided her with a cup of hot water. Nurse aide, Employee E4, brought the hot water to Resident R1 and placed it on her bedside table. As nurse aide, Employee E4, turned around walking out of the room she heard Resident R1 yell, "Help! It's	F 0689		

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F 0689 SS=J	Continued from page 9 Burning!". Review of facility documentation revealed a written statement dated May 7, 2023, by Dietary Cook, Employee E5, which indicated the nurse aide went to the kitchen and requested hot water for tea. Dietary cook, Employee E5, revealed they gave the nurse aide a cup of hot water, put a lid over it, and told the nurse aide many times that it was hot and to be careful. Interview on May 15, 2023, at 9:30 a.m. with Nursing Home Administrator, Employee E1, confirmed the hot water was not temped before providing Resident R1 with the beverage. Continued interview on May 15, 2023, at 10:30 a.m. with Nursing Home Administrator, Employee E1, revealed the lid that was placed on the hot water did not fit the cup correctly. Interview on May 15, 2023, at 11:26 a.m. with nurse aide, Employee E4, confirmed the hot tea was	F 0689		

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F 0689 SS=J	Continued from page 10 not temped before leaving the kitchen and providing for Resident R1. Interview on May 15, 2023, at 10:15 a.m. with Resident R1 revealed when the nurse aide delivered the hot water, there was no tea bag in the cup. Resident R1 reported she picked up the cup to see if there was any cream or sugar in it when the cup tipped over. Resident R1 complained of pain to the affected area of 10/10 without pain meds. Observation and interview confirmed Resident R1 had a contracture to her left upper extremity and only used her right upper extremity for self-feeding. Observations on May 15, 2023, at 10:45 a.m. of the affected area on Resident R1's abdomen, with Registered Nurse, Employee E10, revealed the area was tender to touch and Resident R1 winced when Registered Nurse, Employee E10, removed the gauze that was laid on top of the affected area. Review of facility documentation "Food Temperature Log" revealed logs for May 2023.	F 0689		

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F 0689 SS=J	Continued from page 11 Review of the "Food Temperature Log" sheets revealed hot beverages were not temped on the following days and meals: 5/1 breakfast, lunch, dinner; 5/2 breakfast, lunch dinner, 5/3 breakfast, lunch; 5/5 breakfast, lunch, dinner; 5/6 breakfast; 5/7 breakfast, lunch; 5/8 breakfast, lunch, dinner; 5/9 dinner; 5/12 breakfast, lunch, dinner 5/13 lunch; 5/14 breakfast & lunch. An Immediate Jeopardy situation was identified to the Nursing Home Administrator, Employee E1; Director of Nursing, Employee E2; and Registered Nurse Consultant; Employee E3; on May 15, 2023, at 12:42 p.m. for the facility's failure to ensure that hot beverages were served at safe temperatures, resulting in Resident R1 sustaining an abdominal burn injury from hot water. An Immediate Jeopardy template (a document which included information necessary to establish each of the key components of immediate jeopardy) was provided to the Nursing Home Administrator, Director of Nursing, and Registered Nurse Consultant, on May 15, 2023, at 12:46 p.m.	F 0689		

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F 0689 SS=J	Continued from page 12 The facility submitted a written plan of action on May 15, 2023, at approximately 3:27 p.m. and implemented the plan of action which included: 1. Resident sustained a burn after being served a hot beverage without an appropriate lid and failure to monitor the temperature of the hot water being served to the resident. 2. Resident was immediately assessed and noted with blisters to her abdomen. Residents Attending Practitioner was notified, and treatment orders received. Resident was evaluated by the Occupational Therapist on 5/10/2023 and recommended to have a lid placed on the residents' drinking cups. Resident was seen by the Attending Practitioner on 5/12/2023 with no new orders. 3. A facility wide education was initiated on 5/11/2023 by the Staff Development Coordinator/Designee including all departments regarding the facilities Hot Liquid Management	F 0689		

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F 0689 SS=J	Continued from page 13 Policy with an emphasis on placing appropriate lids on hot beverages prior to serving the residents. Staff will be educated before the start of their shift, including agency staff. Approximately 85% to be completed by 5/16/2023. 4. Dietary staff re-educated by the Staff Development Coordinator regarding the facilities Hot Liquid Management Policy to include action to be taken if the temperatures are above range prior to leaving the kitchen. The hot liquid will remain in the kitchen until the temperature is rechecked and the temperature is at or below 165 degrees. The temperatures will be checked by 2 staff members prior to leaving the kitchen. Approximately 85% to be completed by 5/16/2023. 5. The facilities Hot Liquid Management Policy was reviewed and updated 5/15/2023 to include only dietary staff will be allowed to provide hot liquids/foods to non-dietary personnel. 6. Dietary staff will properly monitor and record the	F 0689		

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F 0689 SS=J	Continued from page 14 temperature of hot beverages served to the residents during all meals and recreational activities. 7. RN [Registered Nurse] Supervisor will be education on how to appropriately check temperatures of hot liquids, should a resident request during off hours. Approximately 85% to be completed by 5/16/2023. 8. NHA [Nursing Home Administrator]/Designee will conduct daily audits of beverage temperature logs recorded at every meal x 7 days. 9. Audits will be reviewed in Quality Assurance Meetings. Interviews with 29 staff members from all departments were conducted on May 16, 2023. All staff members reported that they received education regarding the facilities updated Hot Liquid Management policy which included only dietary staff will be allowed to provide hot liquids to non-dietary personnel (except for off-hours when an RN	F 0689		

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F 0689 SS=J	Continued from page 15 supervisor is able to prepare hot beverage), making sure hot beverages have appropriate, secure fitting lids, and monitoring/recording of hot beverage temperatures to ensure safe service. Review of "Food Temperature Log" sheets revealed hot beverage tempeartures were monitored and documented for meals at dinner on 5/15/2023 and breakfast/lunch on 5/16/2023. While onsite on 5/16/2023, the activities department had an activity where hot chocolate was provided for the residents. Activities staff obtained hot beverages from dietary personnel as required, who monitored/documented beverage temperatures prior to service. The immediate jeopardy was lifted on May 16, 2023, at 4:10 p.m. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 211.6(c)(d) Dietary Services	F 0689		

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F 0689 SS=J	Continued from page 16	F 0689		
F 0801 SS=D		F 0801		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395346	A. BLDG: 00 B. WING:	05/16/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
TOWNE MANOR WEST STATE LICENSE NUMBER: **124302**	**205 EAST JOHNSON HIGHWAY NORRISTOWN, PA 19401**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
F 0801 SS=D	Continued from page 17 483.60(a)(1)(2) Qualified Dietary Staff §483.60(a) Staffing The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e) This includes: §483.60(a)(1) A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis. A qualified dietitian or other clinically qualified nutrition professional is one who- (i) Holds a bachelor's or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics accredited by an appropriate national accreditation organization recognized for this purpose. (ii) Has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional. (iii) Is licensed or certified as a dietitian or nutrition professional by the State in which the services are performed. In a State that does not provide for licensure or certification, the individual will be deemed to have met this requirement if he or she is recognized as a "registered	F 0801	1.A qualified and competent dietary manager was hired and began on 5/17/23 with general orientation. He started with full duty on 5/18/23. His credentials have been verified and he is in current standings. Since taking the role, he has taken a strong leadership in the kitchen, initiating training and monitoring. Dietary staffing is being reviewed daily to ensure the kitchen has sufficient staff to operate adequately. The Food Service director is being supported and in daily communication with NHA making sure he has the tools he needs to succeed. In addition, FSM is ensuring the department is operating within regulatory guidelines and compliance. 2. NHA will monitor the performance of the food service director daily for 7 days, weekly for 1 month and monthly for 3 months to ensure duties are performed within the facility policy and state regulations. NHA will complete a 40/80 day employee assessment review	Completion Date: **06/20/2023** Status: **APPROVED** Date: **06/13/2023**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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F 0801 SS=D	Continued from page 18 dietitian" by the Commission on Dietetic Registration or its successor organization, or meets the requirements of paragraphs (a)(1)(i) and (ii) of this section. (iv) For dietitians hired or contracted with prior to November 28, 2016, meets these requirements no later than 5 years after November 28, 2016 or as required by state law. §483.60(a)(2) If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the director of food and nutrition services. (i) The director of food and nutrition services must at a minimum meet one of the following qualifications- (A) A certified dietary manager; or (B) A certified food service manager; or (C) Has similar national certification for food service management and safety from a national certifying body; or D) Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning; or (E) Has 2 or more years of experience in the position of director of food and nutrition services in a nursing facility setting and has completed a course of study in food safety and management, by no later than October 1, 2023, that includes topics integral to managing dietary operations including, but not limited to, foodborne illness, sanitation procedures, and food purchasing/receiving; and (ii) In States that have established standards for food service managers or dietary managers, meets State	F 0801	auditing the performance. 3. Education was provided to food service director on 5/18/23 by the Nutrition and Dietary Regional Consultants. Regional support will continue on a regular basis with updated education provided on a monthly bases to ensure FSD has the tools and information he needs to do his jobs effectively and efficiently. 4. Dietary education, audits and assessments will be brought to monthly QAPI for review and recommendations for the first 6 months.	

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F 0801 SS=D	Continued from page 19 requirements for food service managers or dietary managers, and (iii) Receives frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional. This REQUIREMENT is not met as evidenced by:	F 0801		

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F 0801 SS=D	Continued from page 20 Based on observations and interviews with staff, it was determined that the facility failed to employ a qualified director of food and nutrition services, as required. Findings include: Interview on May 15, 2023, at 9:15 a.m. with Nursing Home Administrator, Employee E1, revealed the facility did not have a qualified Food Service Director or full time Registered Dietitian on staff at the facility. Observation on May 15, 2023, at 9:20 a.m. of the kitchen revealed a cook who just finished cleaning up from the breakfast meal. Interview with dietary cook, Employee E6, confirmed the facility has not had a food service director for a few weeks. Interview on May 16, 2023, at 3:30 p.m. with the Registered Dietitian, Employee E8, confirmed the employee only worked part-time hours at the facility.	F 0801		

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F 0801 SS=D	Continued from page 21 Review of Food Service Director, Employee E9's, personnel file revealed the employees last day employed at the facility was April 30, 2023. 28 Pa Code 201.14(a) Responsibility of licensee 28 Pa Code 201.18(b)(3) Management 28 Pa Code 211.6(c) Dietary services 28 Pa Code 211.6(d) Dietary services	F 0801		
F 0802 SS=D		F 0802		

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F 0802 SS=D	Continued from page 22 483.60(a)(3)(b) Sufficient Dietary Support Personnel §483.60(a) Staffing The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.60(a)(3) Support staff. The facility must provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. §483.60(b) A member of the Food and Nutrition Services staff must participate on the interdisciplinary team as required in § 483.21(b)(2)(ii). This REQUIREMENT is not met as evidenced by:	F 0802	1. Residents were not negatively impacted by the alleged deficient practice. 2. NHA or designee will review the dietary staffing schedule weekly to ensure appropriate qualified competent staff. Appropriate schedules have been determined and will be provided a month in advance to the dietary staff. When a call out occurs the FSD or designee is responsible for providing a replacement to ensure staffing is appropriate. 3. Food Service Manager or designee will oversee the appropriate training and education for any future dietary staff based on facility policies, procedures and state regulations. 4. Dietary schedules will be audit daily for the first 7 days, weekly for the month and monthly for 3 months. Audits findings will be reported to monthly QAPI for further review and recommendations.	Completion Date: **06/20/2023** Status: **APPROVED** Date: **06/13/2023**

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F 0802 SS=D	Continued from page 23 Based on observations and interview with staff, it was determined the facility failed to provide enough dietary support personnel for the serving of meals. Findings Include: Observation and interview on May 15, 2023, at 9:20 a.m. in the main kitchen with Dietary Cook, Employee E6, revealed the employee had just finished cleaning up from the breakfast meal. Observations revealed no other dietary staff available in the kitchen. Continued interview with Dietary Cook, Employee E6, revealed there was no dietary support personnel, such as a dietary aide, available for the breakfast meal and she needed to ask a nurse aide from the nursing unit to assist in the kitchen for breakfast tray line. Interview on May 16, 2023, with nurse aide, Employee E11, confirmed she had to assist in the kitchen for breakfast tray line on May 15, 2023.	F 0802		

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F 0802 SS=D	Continued from page 24 Further interview confirmed she was scheduled to work as a nurse aide and had a resident assignment on the nursing unit but stepped into help due to no dietary aide in the kitchen. 28 Pa. Code 201.18(b)(3) Management 28 Pa. Code 211.6(c) Dietary services	F 0802		

Certified End Page

TOWNE MANOR WEST

STATE LICENSE NUMBER: 124302

SURVEY EXIT DATE: 05/16/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi
Deputy Secretary for Quality Assurance

Debra L. Bogen, MD, FAAP
Acting Secretary of Health

pennsylvania
DEPARTMENT OF HEALTH

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY